

INSTRUCTIONS FOR
BAIL BOND AGENCY/BAIL BOND AGENCY BRANCH OFFICE

1. Complete the application for bail bond agency or bail bond agency branch office.
2. Attach a \$10,000 surety bond, obtained from the bonding/insurance company of your choice, in favor of the state of Washington. **Please note the surety bond must be in effect and in full force at all times.**
3. In-state corporation/partnership/sole proprietor, attach a copy of the articles of incorporation, a list of officers and directors and their addresses, or the partnership agreement, including names and addresses. Each partner must make application and meet qualifications.

Out-of-state corporation/partnership/ sole proprietor, attach the certificate of authority to conduct business in the state of Washington, a list of officers and directors and their addresses, and evidence of current registration with the Washington Secretary of State. Each partner must make application and meet qualifications.

4. Attach the appropriate licensing fee made payable to the Washington State Treasurer.
5. Return the completed application, supporting documents, and licensing fee to:

Department of Licensing
Business and Professions Division
Bail Bond Section
PO Box 9048
Olympia, WA 98507-9048

If you have questions, please call this office at (360) 664-6624.



APPLICATION FOR LICENSURE AS A

BAIL BOND AGENCY or

BAIL BOND AGENCY BRANCH OFFICE

FOR VALIDATION ONLY

001-000-299-0018 AGENCY 001-000-299-0019 BRANCH

Check one:

- ☐ **Bail Bond Agency** Fee \$1,000.00
☐ **Branch Office** Fee \$1,000.00
☐ **Change of Qualified Agent** Fee \$200.00

Make remittance payable to: State Treasurer
Send this application with your remittance to:
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

Company Information

PLEASE TYPE OR PRINT CLEARLY

Business Name _____

Business Mailing Address _____

City _____ State _____ Zip Code _____

Business Telephone No. (_____) _____
AREA CODE

Physical Address of Business _____

City _____ State _____ Zip Code _____ County _____

Type of Business: ☐ SOLE PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION

If you checked Partnership or Corporation, attach a copy of the partnership agreement or the current corporation document.

Washington Corporation No. _____ Revenue Tax No. (UBI) _____

If you have an insurance surety license, list the surety(s) name, address, the attorney-in-fact, and in whose name the build-up fund is

Surety Name _____

Address _____

Attorney-In-Fact _____

Build-up Fund Name _____

If you are a property agency, provide the name of the court(s) that has given approval.

FOR OFFICE USE ONLY

Comments _____

CERT DATE

Qualified Agent Information (Applicant)



Name _____

Date of Birth _____ Social Security No. (Required per RCW 26.23.150) _____

Check One: ☐ WA Resident ☐ Other (please specify) _____

Check One: ☐ Certifications of Experience Attached ☐ Testing Certification Attached

Address _____

City _____ State _____ Zip _____ County _____

Previous WA State Bail Bond Agency, Qualified Agent, or Bail Bond Agent License No. _____

Applicant Personal Data

1. Have you been convicted of a crime, misdemeanor or felony in this state, any other state, by the federal government, or any other jurisdiction within the past ten years? ☐ Yes ☐ No
2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment in this state, any other state, by the federal government, or any other jurisdiction? ☐ Yes ☐ No
3. Has any professional or occupational license, certification, or permit held by you been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government or any other jurisdiction? ☐ Yes ☐ No
4. Have you ever had a civil court order, verdict, or judgement entered against you in any court of competent jurisdiction in this state, any other state, by the federal government, or any other jurisdiction? ☐ Yes ☐ No

Please attach a letter of explanation for any affirmative answers to the above questions, including charges(s), date of conviction, civil judgement or order, county jurisdiction, state, and disposition of charges.

Affidavit

I, _____, being first duly sworn, depose and say that I
(PRINT NAME)
am the qualified agent and authorized to sign for the sole proprietorship, partnership or corporation as indicated in this application. I have carefully read the questions in the foregoing application and have answered them completely, and pursuant to RCW 9A.72.085 I declare under penalty of perjury under the law of the state of Washington that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of the license to practice as a bail bond agency, bail bond agency branch office, or qualified bail bond agent in the state of Washington.

Signature of qualified agent _____ Date _____

City _____ State _____

**UPON FILING, THIS APPLICATION BECOMES A PUBLIC RECORD AND IS
SUBJECT TO PUBLIC DISCLOSURE PROVISIONS PURSUANT TO RCW 42.17**



BAIL BOND AGENCY/BRANCH OFFICE
SURETY BOND

BUSINESS AND PROFESSIONS DIVISION
BAIL BOND SECTION
PO BOX 9649
OLYMPIA, WA 98507-9649

Bond No. _____ Effective date of bond _____

KNOW ALL PERSONS BY THESE PRESENTS: That _____

Check one: ☐ **Sole Proprietor** ☐ **Partnership** ☐ **Corporation**

doing business as _____, as

Principal at the following address: _____,

and _____,

a corporation organized and existing under the laws of the State of _____, and authorized to transact surety business in the State of Washington, as Surety, are held and firmly bound unto the STATE OF WASHINGTON in the sum of Ten Thousand (\$10,000) Dollars lawful money of the United States of America to be paid to the said State of Washington for which payment well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT: Whereas, the said principal has made application for a Bail Bond Agency License by the Business and Professions Division of the State of Washington for carrying on the business of a Bail Bond Agency within the State of Washington; and is required by Chapter 18.185 RCW, to furnish a bond in the sum of Ten Thousand (\$10,000.00) Dollars with good and sufficient surety, conditioned as required by said law.

NOW, THEREFORE, If the said principal will comply with all the provisions of Chapter 18.185 RCW, of the State of Washington and with all rules and regulations adopted by the Director of the Department of Licensing, of said state pursuant to the provisions of Chapter 18.185 RCW, and will pay all amounts that may be adjudged against Principal by reason of violation of Chapter 18.185 RCW or any rules or regulations adopted pursuant thereto in the conduct of Principal's business as a Bail Bond Agency, then the above obligation shall be null and void; otherwise to remain in full force and effect.

PROVIDED: That any person having a claim against Principal for damage as a result of any violation by Principal, or his/her agent of Chapter 18.185 RCW, or any rules or regulations adopted pursuant thereto may bring a suit on this bond in the Superior Court of the County in which Principal's business is located, or of any county in which jurisdiction of the Principal may be had.

PROVIDED FURTHER: That the aggregate liability of the Surety hereunder for any and all claims presented shall not exceed the penal sum of this bond. PROVIDED FURTHER: That the Business and Professions Division shall be notified thirty (30) days prior to the cancellation of this bond, along with the reason for cancellation or termination of the bond. No bond filed shall be approved unless it expressly provides that it will be effective for two years following the effective date of its cancellation or termination, whether because of expiration, suspension, or revocation of the license, or otherwise, as to any covered act or acts and omission or omissions of the licensee occurring on, or prior to, the effective date of cancellation or termination.

IN WITNESS WHEREOF, the said Principal and the said Surety have affixed their hands and seals this _____

day of _____, _____.

SURETY

PRINCIPAL

Name _____

Business Name _____

Attorney-in-fact _____

By _____
SIGNATOR AUTHORIZED FOR CORPORATION, PARTNERSHIP, OR SOLE-PROPRIETOR

Insurance Agency Name _____

Insurance Agent _____

(Surety's Seal)

Agent Address _____

Agent Telephone No. _____